

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address		Number	Street
		City	State
		Zip Code	
Telephone Number(s)		Social Security Number (voluntary)	

Best time to contact you at home is: .....:..... AM  
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ..... ☐ Yes ☐ No

Have you ever filed an application with us before? ..... ☐ Yes ☐ No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? ..... ☐ Yes ☐ No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? ..... ☐ Yes ☐ No

Are you currently employed? ..... ☐ Yes ☐ No

May we contact your present employer? ..... ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status  
Proof of citizenship or immigration status will be required upon employment. .... ☐ Yes ☐ No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: ☐ Full-Time (please indicate 1 2 3 shift)

☐ Part-Time (please indicate Mornings Afternoon Evenings)

☐ Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? ..... ☐ Yes ☐ No

Can you travel if a job requires it? ..... ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Describe any job-related training received in the United States military.

[illegible]

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:


# ADDITIONAL INFORMATION

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Production/Mobile Machinery (list)	<input type="checkbox"/> Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing		
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand		
<input type="checkbox"/> WPM	<input type="checkbox"/> WPM		

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

☐ YES ☐ NO

## REFERENCES

1.	( )	Phone #
	(Name)	
	(Address)	
2.	( )	Phone #
	(Name)	
	(Address)	
3.	( )	Phone #
	(Name)	
	(Address)	

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks \_\_\_\_\_

Employed ☐ Yes ☐ No

Date of Employment \_\_\_\_\_

INTERVIEWER

DATE

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

NAME AND TITLE

DATE

*This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.*

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DATE: \_\_\_\_\_

/

/

# SAUNDERS COUNTY SHERIFF'S DEPARTMENT

## RELEASE OF INFORMATION

I, herewith authorize the Saunders County Sheriff's Department, it's employees or agents to make or cause to be made any investigation or inquiry regarding my background and experiences that may be related to my application for employment. I further release any former employers, schools, or individuals from any liability in connection with their statements and hold the County of Saunders harmless for all lawful actions taken as a result of this background investigation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

This authorization will expire at the conclusion of this pre-employment background investigation.

### Application Information

Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

I also hereby certify that there was no willful misrepresentations, omissions, or falsifications in the previously submitted employment application or statements made to the Saunders County Sheriff's Department. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or resignation of employment.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

Note: Please retain a copy of this form for your files.

**SAUNDERS COUNTY SHERIFF'S DEPARTMENT  
CRIMINAL ACTIVITY QUESTIONNAIRE  
SELECTION PROCESS**

Name (Print) Last \_\_\_\_\_ First \_\_\_\_\_

**PLEASE READ THE DIRECTIONS CAREFULLY AND COMPLETELY!**

- 1) SHOULD INFORMATION PRESENT ITSELF DURING ANOTHER STEP IN THIS PROCESS WHICH SHOWS THAT YOU FALSIFIED THIS QUESTIONNAIRE, YOU MAY BE DISQUALIFIED FROM THE SELECTION PROCESS.

- 2) If you check "Yes" or "LE" use the attached sheets to list the offense. BE SPECIFIC, ANSWER ALL THE QUESTIONS.

- 3) Answer each question regarding whether you have had personal involvement in any of the criminal offenses listed. Check "Yes", "No" or "LE".

Involvement would include anything you have been investigated for, arrested for, convicted of, or been a victim of. Involvement ALSO INCLUDES participating in an activity, even though you may not have been caught or convicted.

For example, if you have ever consumed alcohol and driven a vehicle, that needs to be documented. You must explain your involvement for each offense that you have marked "Yes".

If you ever fought with your spouse, someone you dated, or a family member in a physical manner, that needs to be documented. Additional explanation sheets are provided for this purpose. The Sheriff Department has zero tolerance for domestic violence. If you, the applicant, have been the aggressor in a domestic violence situation, irrespective of legal involvement, you may not be considered for employment.

If you participated in an activity outside of the United States that is listed on the form, it may not be illegal in another country, but it still needs to be listed and explained, i.e., prostitution.

Applicants with law enforcement experience, who have had involvement with an offense as a result of their duties, should check "LE" and provide an explanation of all offenses relative to the event to include where you were employed.

- 4) Provide your signature and date on the bottom of Part II.



**CRIMINAL ACTIVITY QUESTIONNAIRE - PART I**

Arson	Yes____	No____	LE____
Assault	Yes____	No____	LE____
Assisting in the Death of Another Person	Yes____	No____	LE____
AWOL	Yes____	No____	LE____
Burglary	Yes____	No____	LE____
Causing the Death of Another Person	Yes____	No____	LE____
Child Abuse	Yes____	No____	LE____
Concealed Weapon	Yes____	No____	LE____
Computer Crimes	Yes____	No____	LE____
Contributing to the Delinquency of a Minor	Yes____	No____	LE____
Criminal Mischief	Yes____	No____	LE____
Debauching a Minor	Yes____	No____	LE____
Disturbing the Peace	Yes____	No____	LE____
Domestic Violence or Domestic Assault	Yes____	No____	LE____
Driving While Under the Influence of Alcohol	Yes____	No____	LE____
Failure to Pay Child or Family Support	Yes____	No____	LE____
Family Abandonment	Yes____	No____	LE____
False Fire Alarm	Yes____	No____	LE____
Forgery	Yes____	No____	LE____
Homicide or Murder	Yes____	No____	LE____
Identity Theft	Yes____	No____	LE____
Illegal Gambling	Yes____	No____	LE____
Illegal Possession and/or Use of Explosives	Yes____	No____	LE____

## CRIMINAL ACTIVITY QUESTIONNAIRE - PART II

Illegal Use of Credit Card and/or I.D.	Yes____	No____	LE____
Incest	Yes____	No____	LE____
Intimidation by Telephone	Yes____	No____	LE____
Issuing Bad Checks	Yes____	No____	LE____
Pandering (soliciting for immoral purposes)	Yes____	No____	LE____
Perjury	Yes____	No____	LE____
Prostitution	Yes____	No____	LE____
Public Indecency	Yes____	No____	LE____
Purchasing Alcohol For a Minor	Yes____	No____	LE____
Receiving or Selling Stolen Merchandise	Yes____	No____	LE____
Resisting Arrest	Yes____	No____	LE____
Robbery	Yes____	No____	LE____
Sexual Assault/Rape	Yes____	No____	LE____
Spouse Abuse	Yes____	No____	LE____
Statutory Rape	Yes____	No____	LE____
Theft (including employer or shoplifting)	Yes____	No____	LE____
Theft of Mail	Yes____	No____	LE____
Trespassing	Yes____	No____	LE____
Unauthorized Use Of a Vehicle (joyriding)	Yes____	No____	LE____
Unlawful Use of Force	Yes____	No____	LE____

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CRIMINAL ACTIVITY QUESTIONNAIRE – Part III**

**OFFENSE** \_\_\_\_\_

Date \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Age \_\_\_\_\_

Charge/Disposition \_\_\_\_\_

Explanation \_\_\_\_\_

**OFFENSE** \_\_\_\_\_

Date \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Age \_\_\_\_\_

Charge/Disposition \_\_\_\_\_

Explanation \_\_\_\_\_

**OFFENSE** \_\_\_\_\_

Date \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Age \_\_\_\_\_

Charge/Disposition \_\_\_\_\_

Explanation \_\_\_\_\_

**OFFENSE** \_\_\_\_\_

Date \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Age \_\_\_\_\_

Charge/Disposition \_\_\_\_\_

Explanation \_\_\_\_\_

**OFFENSE** \_\_\_\_\_

Date \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Age \_\_\_\_\_

Charge/Disposition \_\_\_\_\_

Explanation \_\_\_\_\_

**CRIMINAL ACTIVITY QUESTIONNAIRE – PART IV**

OFFENSE \_\_\_\_\_  
Date \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Age \_\_\_\_\_  
Charge/Disposition \_\_\_\_\_  
Explanation \_\_\_\_\_  
\_\_\_\_\_

OFFENSE \_\_\_\_\_  
Date \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Age \_\_\_\_\_  
Charge/Disposition \_\_\_\_\_  
Explanation \_\_\_\_\_  
\_\_\_\_\_

OFFENSE \_\_\_\_\_  
Date \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Age \_\_\_\_\_  
Charge/Disposition \_\_\_\_\_  
Explanation \_\_\_\_\_  
\_\_\_\_\_

OFFENSE \_\_\_\_\_  
Date \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Age \_\_\_\_\_  
Charge/Disposition \_\_\_\_\_  
Explanation \_\_\_\_\_  
\_\_\_\_\_

OFFENSE \_\_\_\_\_  
Date \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Age \_\_\_\_\_  
Charge/Disposition \_\_\_\_\_  
Explanation \_\_\_\_\_  
\_\_\_\_\_

## SAUNDERS COUNTY SHERIFF'S DEPARTMENT DRUG AND ALCOHOL USAGE QUESTIONNAIRE

**Applicant:** \_\_\_\_\_

**Last Name (Please print)**

**First Name (Please print)**

**PLEASE READ THE DIRECTIONS CAREFULLY:**

**1) IT IS ABSOLUTELY NECESSARY THAT YOU BE COMPLETELY HONEST ON THIS FORM. PRIOR DRUG AND ALCOHOL USAGE IS NOT AN AUTOMATIC DISQUALIFICATION. SHOULD INFORMATION PRESENT ITSELF DURING ANOTHER STEP IN THIS PROCESS THAT YOU HAVE USED DRUGS OR ALCOHOL, BUT YOU DID NOT INDICATE SO ON THIS FORM, IT IS HIGHLY LIKELY THAT YOU WILL BE DISQUALIFIED FROM THE SELECTION PROCESS.**

2) "Yes" or "No" must be marked for **EACH** question. If any question is answered "Yes", it is **MANDATORY** to provide Dates and Age, and an explanation of **drug usage** in the appropriate space provided.

<b>PART I - MARIJUANA USAGE</b>	<b>Yes</b>	<b>No</b>	<b>Dates</b>	<b>Age</b>
Have you ever used marijuana?				
If you answered Yes, and it is more times than you can actually note dates for, please indicate the number of years you used marijuana.				
Have you ever purchased marijuana?				
Were you ever present when marijuana was purchased?				
Have you ever grown marijuana?				
Have you ever harvested marijuana?				
Have you ever sold marijuana?				
Have you ever been present when marijuana was used?				
<b>PART II - ILLICIT DRUG USAGE</b>				
Have you ever used hashish or a compound or oil derivative from the stalk, fiber, or seed of the marijuana plant?				
Have you ever used other forms of drugs not prescribed by a physician (i.e., steroids)? If yes, list name of drug(s): _____				
Have you ever been present when illicit drugs were used?				

Have you ever bought or sold drugs at any time?				
Were you ever present when someone else bought or sold drugs?				
Have you ever intentionally used glue, paint, or other substance for a purpose other than what it was intended for?				
Have you ever laced someone's food or drink with any substance which would render them unable to function normally?				

If any of the questions regarding drug usage were answered "YES", please provide detailed information on your drug usage in the space provided below: (Continue on back of this sheet if more space is needed.)

---



---



---



---

PART III	Yes	No
Have you ever been convicted of DWI or DUI? If you answered Yes, please list the date(s) of conviction: _____		
Do you drive after consuming alcoholic beverages? If yes, how many drinks consumed per hour before driving? _____ How many drinks do you feel would compromise your driving ability? _____		
Do you currently purchase, or have you purchased in the last year, alcohol for minors? If yes, please explain: _____ _____		

I hereby certify that there are no misrepresentations or falsifications of the answers to the above questions or any parts of this application. **Should any part of the Saunders County Sheriff's Department's background investigation disclose any misrepresentations or falsification on my application, I understand that my application will be rejected, and I will be disqualified from the current hiring process with the Saunders County Sheriff's Department.**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_